

<b>Case Number:</b>	CM13-0026975		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	04/12/2012
<b>Decision Date:</b>	01/30/2014	<b>UR Denial Date:</b>	08/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 55-year-old female who was injured on 04/12/12 sustaining an injury to the left wrist. Clinical records reviewed at present include a rebuttal to denial of therapy letter of 07/11/13 from treating physician, [REDACTED]. He describes right bilateral carpal tunnel release surgery with continued weakness, lack of endurance and an inability to work since May of 2012. He states that the claimant needs a final stage of therapy program to improve strengthening and endurance in anticipation of returning to work related activities. He described diminished grip strength on the left compared to the right and gave no further physical examination findings. Further review of the records indicate that 11 prior sessions of physical therapy have been approved and utilized since the time of surgery. Surgery was noted to have taken place to the right carpal tunnel on 11/19/12 and the left on 04/08/13.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**additional 12 sessions of physical therapy for the left wrist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** Based on California MTUS Guidelines, 12 additional sessions of physical therapy to the claimant's left wrist would not be indicated. While the appeal letter from the treating physician is taken into account, the claimant is greater than eight months postoperative. In this case, having already undergone 11 prior sessions of therapy to date, it would be unclear for clinical records for review in the claimant's timeframe from injury why advancement to an aggressive home exercise program for strength and improvement of function would not be indicated. Guideline criteria recommend the role of three to eight visits over three to five weeks in the postsurgical setting. Support of continuation of 12 additional sessions of therapy would not be given.